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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.

OGURA-4 D1

First Inventor

Sadao NISHIBORI

Title

LAMINATED PHOTOCATALYTIC PULP PAPER AND PROCESS
FOR PRODUCING THE SAME AS WELL AS SPLITTING AND
DISAGGREGATING APPARATUS USING FOR THE PROCESS,
PAPER STRING COMPRISING THE LAMINATED, ETC.

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 29]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Pages 3]
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other: _____

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 09 / 718,375

Prior application information: Examiner Tan D. Nguyen

Group / Art Unit: 3629

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

23599

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Csaba Henter

Registration No. (Attorney/Agent)

50,908

Signature

Date

1/2/04



13281 U.S. PTO

010204

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FEE TRANSMITTAL for FY 2001		Complete if Known		
<i>Patent fees are subject to annual revision.</i>		Application Number	Unassigned	
		Filing Date	January 2, 2004	
		First Named Inventor	Sadao NISHIBORI	
		Examiner Name	Unassigned	
		Group / Art Unit	Unassigned	
TOTAL AMOUNT OF PAYMENT (\$)		770	Attorney Docket No.	OGURA-4 D1

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																
<div>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</div> <div style="margin-top: 10px;">Deposit Account Number: 13-3402</div> <div style="margin-top: 10px;">Deposit Account Name: Millen, White, Zelano & Branigan, P.C.</div> <div><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div>2. <input checked="" type="checkbox"/> Payment Enclosed: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</div></div>	<div>3. ADDITIONAL FEES</div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td></td></tr><tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td></td></tr><tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td></td></tr><tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td></td></tr><tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td></td></tr><tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td></td></tr><tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td></td></tr><tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td></td></tr><tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td></td></tr><tr><td>142</td><td>1,300</td><td>242</td><td>650</td><td></td></tr><tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td></td></tr><tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td></td></tr><tr><td>1807</td><td>130</td><td>1807</td><td>130</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td></td></tr><tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td></td></tr><tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td></td></tr><tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td></td></tr></tbody></table>	Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	1051	130	2051	65		1052	50	2052	25		1053	130	1053	130		1812	2,520	1812	2,520		1804	920*	1804	920*		1805	1,840*	1805	1,840*		1251	110	2251	55		1252	410	2252	205		1253	930	2253	465		1254	1,450	2254	725		1255	1,970	2255	985		1401	320	2401	160		1402	320	2402	160		1403	280	2403	140		1451	1,510	1451	1,510		1452	110	2452	55		1453	1,300	2453	650		142	1,300	242	650		1502	470	2502	235		1503	630	2503	315		1460	130	1460	130		1807	130	1807	130		1806	180	1806	180		8021	40	8021	40		1809	750	2809	375		1810	750	2810	375		1801	750	2801	375		1802	900	1802	900	
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<div>2. EXTRA CLAIM FEES</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Total Claims: 1 -20** = 0</div><div>Extra Claims: 0 X Fee from below: = 0</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Independent Claims: 1 -3** = 0</div><div>Multiple Dependent: X = 0</div></div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.7em;"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="4" style="text-align: right; font-weight: bold;">SUBTOTAL (2)</td><td>(\$ 0)</td></tr></tbody></table>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	1202	18	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3	1203	280	2203	140	Multiple dependent claim, if not paid	1204	84	2204	42	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)				(\$ 0)																																																																																																														
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<div>**or number previously paid, if greater; For Reissues, see above</div>		<div>Other fee (specify) _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>*Reduced by Basic Filing Fee Paid</div><div style="text-align: right;">SUBTOTAL (3) (\$ 0)</div></div>																																																																																																																																																

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Csaba Henter	Registration No. Attorney/Agent	50,908
Signature		Telephone	(703) 243-3333
		Date	January 2, 2004

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.